

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768 Email: ethics@honolulu.gov Website: http://www.honolulu.gov/ethics/ THIS SPACE FOR OFFICE USE ONLY

ETHICS COMMISSION HOMOLULU

91.27.20

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2020 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle)			
Yoshimoto, Kimberley W.			
LOBBYIST FIRM/EMPLOYER (if applicab	ile)	TELEPHONE	
Imanaka Asato, LLLC		808-521-9500	
MAILING ADDRESS (No. and Street or	r P.O Box)	FAX 200 544 2052	
745 Fort Street Mall, 17th Floor	,	808-541-9050	
	<u>_</u>	EMAIL kyoshimoto@imai	naka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813	
DARTH A ORCANIZATION			
PART II.A ORGANIZATION			
NAME OF ORGANIZATION YOU LOBE	•	TELEPHONE	
D.R. Horton-Schuler Homes, LLC, dba D.R.	Horton-Schuler Division		
MAILING ADDRESS (No. and Street or	P.O. Box)	FAX	
130 Merchant Street, Suite 112		EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96813	
ESTIMATED NUMBER OF MEMBERS	(if lobbying on behalf of members)		
			▼ Not Applicable
METHODS USED BY MEMBERS TO N	MAKE POLICY DECISIONS		
			▼ Not Applicable

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

Rev. 12/2019

				The second secon
	OF SUBJEC	CTS ON V	NHICH	YOU EXPECT TO LOBBY
☑Business & Economic Development	□Community	Services		□Customer Services
□Culture & Arts	⊠Housing			☑Public Works, Infrastructure & Sustainability
□Parks & Recreation	□Public Heal	ith, Safety & \	Velfare	□Tourism
⊠Transportation	⊠Zoning & Pl	lanning		□Specific Legislation: □Additional Sheet(s) Attached Bill No(Year) Reso No Admin. Rule No Dept
☐Other (indicate below):				٠, "
PART IV LOBBYIST CER	TIFICATIO	N		
I hereby certify that the foregoing state correct. LOBBYIST SIGNATURE I 16 20 DATE		i i	This 161 By: Charmain	R ANY OFFICIAL AUTHORIZED TO ADMINISTER DATES mission expires:
PART V AUTHORIZATION	N TO LOBE			
NAME Robert Bruhl		REPRESEN	AUTHOR NTED _{Div}	IZING OFFICER OR PERSON vision President
NAME OF ORGANIZATION (if applicable	•		TEL	EPHONE
D.R. Horton-Schuler Homes, LLC dba D.	.R. Horton-Schule	er Division		521-5661
MAILING ADDRESS (No. and Stree	t or P.O Box)		FAX	
130 Merchant Street, Suite 112			EMA	AIL
(City) Honolulu	(State)		(Zip	Code) 96813
I hereby authorize the above-named			ng activiti	01/15/20
(Signature of Authorizing Officer or F	rerson Represe	entea)		(Date)

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2020 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle)			
Kimberley W. Yoshimoto Last name	cleon w/ Charmain Missy	Poss O Innanta/Asato 1-21-2020	
LOBBYIST FIRM/EMPLOYER (if applicable	e)	TELEPHONE	
Imanaka Asato, LLLC		(808) 521-9500	
MAILING ADDRESS (No. and Street or	P.O Box)	FAX (808) 541-9050	
745 Fort Street Mall, 17th Floor			
	1	EMAIL kyoshimoto@imanaka-asato.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	
PART II.A ORGANIZATION			
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE	
Elemental Excelerator		(808) 237-5050	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX	
1000 Bishop Street, #505		EMAIL policy@elementaleycelerator.com	
		EMAIL policy@elementalexcelerator.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	
ESTIMATED NUMBER OF MEMBERS	(if lobbying on behalf of members)	Not Applicable	
METHODS USED BY MEMBERS TO M	IAKE POLICY DECISIONS	Mot Applicable	
PART II.B NO LONGER LOS	BBYING		

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

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PART III DESCRIPTION O	F SUBJECTS ON V	NHICH	YOU EXPECT TO LOBBY
☑Business & Economic Development	□Community Services		□Customer Services
□Culture & Arts	□Housing		
□Parks & Recreation	□Public Health, Safety &	Welfare	□Tourism
□Transportation	☑Zoning & Planning		□Specific Legislation: □Additional Sheet(s) Attached Bill No(Year)_ Reso No Admin. Rule No Dept
□Other (indicate below):			-r m x
The state of the second second			
PART IV LOBBYIST CER	TIFICATION		
I hereby certify that the foregoing state correct. LOBBYIST SIGNATURE January 9, 2020 DATE		This 9th By: (1) NOTARY OF	day of January , 2020 ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS mission expires:
PART V AUTHORIZATION			OF HAWAIIII
NAME Aki Marceau			RIZING OFFICER OR PERSON INTERPRETATION OF THE PROPERTY OF THE
NAME OF ORGANIZATION (if applicable)	TEL	EPHONE
Elemental Excelerator			(808) 237-5050
MAILING ADDRESS (No. and Stree	t or P.O Box)	FAX	(
1000 Bishop Street, #505		EM	AIL
(City) Honolulu	(State)	(Zip	Code) 96813
I hereby authorize the above-named	person to engage in lobby	ing activit	ties on behalf of the undersigned.
GIANON			January 0, 2020
(Signature of Authorizing Officer or F	Person Represented)		January 9, 2020 (Date)



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Website: http://www.honolulu.gov/ethics/

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PART I LOBBYIST		
NAME (Last) (First) (Middle)		
Yoshimoto, Kimberley W.		
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE
Imanaka Asato, LLLC		(808) 521-9500
MAILING ADDRESS (No. and Street or F	P.O Box)	FAX (808) 541-9050
745 Fort Street Mall, 17th Floor		
		EMAIL kyoshimoto@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION			
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE	
NAIOP Hawaii Chapter		(808) 864-7983	
MAILING ADDRESS (No. and Street or	P.O. Box)	FAX	
P.O. Box 1601		EMAIL barbie@naioph	awaii.org
(City) Honolulu	(State)	(Zip Code) 96806	
ESTIMATED NUMBER OF MEMBERS		per teleon w/ Charmaint	Not Applicable
METHODS USED BY MEMBERS TO N	MAKE POLICY DECISIONS	Missy Ross @ Immaka Asato 1-21-2020	☑ Not Applicable
			//

PART II.B NO LONGER LOBBYING	
\square I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

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PART III DESCRIPTION O	OF SUBJEC	CTS ON	WHICH	YOU	EXPEC	T TO L	OBBY
☑Business & Economic Development	□Community	Services		□Custo	mer Serv	ices	1
□Culture & Arts			□Public Sustain		nfrastructu	ire &	
□Parks & Recreation	□Public Heal	th, Safety &	Welfare	▼Touris	sm		
⊠Transportation	⊠Zoning & Pl	anning		□Add Bill No. Reso No Admin.	 o Rule No.	eet(s) Atta	
☐Other (indicate below):							
PART IV LOBBYIST CER	TIFICATIO	N				- · · · · · · · · · · · · · · · · · · ·	
I hereby certify that the foregoing state correct. LOBBYIST SIGNATURE III 2010 DATE		ue and	This 16 By: 0 NOTARY OF	May of May of RANY OFFICE	IAL AUTHORI Xpires:	Rm.	2020
PART V AUTHORIZATION	N TO LOBE						unining.
NAME Cathy Camp		TITLE OF REPRESE			FFICER C	R PERSC	N
NAME OF ORGANIZATION (if applicable	e)		TEL	EPHONE			<u> </u>
NAIOP Hawaii Chapter				(808)	864-7983		
MAILING ADDRESS (No. and Stree	et or P.O Box)		FAX		100		
P.O. Box 1601			EMA	AIL		-	_ Process 27
(City) Honolulu	(State)		(Zip	Code)	96806		
I hereby authorize the above-named	d person to enga	age in lobby	ing activit	ies on be	half of the	undersign	ned.
A6					1/17	10	
(Signature of Authorizing Officer or I	Person Represe	ented)				(Date)	

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2020 REGISTRATION

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PART I LOBBYIST		
NAME (Last) (First) (Middle)		
Yoshimoto, Kimberley W.		
LOBBYIST FIRM/EMPLOYER	(if applicable)	TELEPHONE
Imanaka Asato, LLLC		(808) 521-9500
MAILING ADDRESS (No. and	Street or P.O Box)	FAX (808) 541-9050
745 Fort Street Mali, 17th Floor		EMAIL kyoshimoto@imanaka-asato.com
(City) Honolulu	(State)	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE
Verizon Communications		(949) 286-7202
MAILING ADDRESS (No. and Street or	P.O. Box)	FAX
HQ Public Policy, Law and Security Department 15505 Sand Canyon Avenue		EMAIL jesus.g.roman@verizon.com
(City) Irvine	(State) CA	(Zip Code) 92618
ESTIMATED NUMBER OF MEMBERS	(if lobbying on behalf of members)	Not Applicable
METHODS USED BY MEMBERS TO M	MAKE POLICY DECISIONS	⊠ Not Applicable

PART II.B NO LONGER LOBBYING	
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PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY					
MRusiness & Economic	□Community Services			☐Customer Services	
	□Housing			☑Public Works, Infrastructure & Sustainability	
□Parks & Recreation	□Public Health, Safety & Welfare		Welfare	□Tourism	
□Transportation	⊠Zoning & Planning			□Specific Legislation: □Additional Sheet(s) Attached Bill No(Year) Reso No Admin. Rule No Dept	
□Other (indicate below):					
PART IV LOBBYIST CERTIFICATION					
I hereby certify that the foregoing statements are true and correct. LOBBYIST SIGNATURE INDICATE		Subscribed and sworn to before me This List day of Lanuary, 2020. By: Chulmun Rm. NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires:			
PART V AUTHORIZATION TO LOBBY					
NAME TITLE OF AUTHOR		AUTHOR NTED _{De}	IZING OFFICER OR PERSONNIUM		
NAME OF ORGANIZATION (if applicable) Verizon Communications, Inc. and Its Affiliates		TELI	TELEPHONE (415) 389-6800		
MAILING ADDRESS (No. and Street or P.O Box) 2350 Kerner Boulevard, Suite 250		FAX	(415) 388-6874		
		EMA	EMAIL ewhitelam@nmgovlaw.com		
(City) San Rafael	(State) CA (Z		(Zip	Zip Code) 94901	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.					
(Signature of Authorizing Officer or Person Represented) (Date)					